

Board of Zoning Adjustment Application

757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-7433 • www.bzs.columbus.gov

OFFICE USE ONLY

Application Number: BZA15-076 Date Received: 22 JUNE 2015
Application Accepted by: NK VILLAGE Fee: \$1900
Commission/Civic: E, I
Existing Zoning: 8/25/15
Comments: _____

TYPE(S) OF ACTION REQUESTED (Check all that apply):

☒ Variance ☐ Special Permit
REQUIRED = 450 SPACES #IN RELATION TO PERMIT #
PROVIDED = 97 ONSITE/281 OFFSITE CHAN1509994

Indicate what the proposal is and list applicable code sections:

WE ARE REQUESTING A PARKING VARIANCE TO ALLOW THE FACILITY TO
BE SHORT ~~2.5~~ PARKING SPACES. ~~CC 3312.49~~ CC 3312.49 OF THE COLUMBUS
ZONING CODE REQUIRES 2.5 SPACES PER BED. THERE IS NO MORE SPACE
AROUND THE FACILITY FOR ADDITIONAL PARKING. THERE IS A PUBLIC BUS STOP ON SITE
LOCATION

Certified Address: 1087 DENNISON AVENUE City: COLUMBUS Zip: 43201

Parcel Number (only one required): 010067214

APPLICANT (If different from Owner):

Applicant Name: SELECT SPECIALTY HOSPITAL Phone Number: 614.458.9088 Ext.: _____
Address: 1087 DENNISON AVENUE City/State: COLUMBUS OH Zip: 43201
Email Address: HHP: 11 COLUMBUS VICTORIAN VILLAGE, SELECT SPECIALTY HOSPITALS, CON Fax Number: 614.291.9626

PROPERTY OWNER(S) ☐ Check here if listing additional property owners on a separate page

Name: SELECT MEDICAL PROPERTY VENTURES LLC Phone Number: 717.972.1100 Ext.: _____
Address: 4714 GETTYSBURG RD City/State: MECHANISBURG, PA Zip: 17055
Email Address: _____ Fax Number: _____

ATTORNEY / AGENT (Check one if applicable): ☐ Attorney ☐ Agent

Name: _____ Phone Number: _____ Ext.: _____
Address: _____ City/State: _____ Zip: _____
Email Address: _____ Fax Number: _____

SIGNATURES (All signatures must be provided and signed in blue ink)

APPLICANT SIGNATURE [Signature]
PROPERTY OWNER SIGNATURE [Signature]
ATTORNEY / AGENT SIGNATURE _____

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.
Applications must be submitted by appointment. Call 614-645-4522 to schedule.
Please make checks payable to the Columbus City Treasurer

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AFFIDAVIT

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME DAN R. BLAKER, SELECT MEDICAL PROPERTY VENTURES LLC
of (1) MAILING ADDRESS 4714 GETTYSBURG RD; MECHANICSBURG, PA 17055

deposes and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of the name(s) and mailing address(es) of all the owners of record of the property located at

(2) per ADDRESS CARD FOR PROPERTY 1087 DENNISON AVE; COLUMBUS, OH 43201

for which application for a rezoning, variance, special permit or graphics plan was filed with the Department of Building and Zoning Services, on (3) _____

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME
AND MAILING ADDRESS

(4) Select Medical Property Ventures LLC
4714 Gettysburg Road
Mechanicsburg, PA 17055

APPLICANT'S NAME AND PHONE #
(same as listed on front application)

Select Specialty Hospital
1087 DENNISON AVE COLUMBUS, OH 43201

AREA COMMISSION OR CIVIC GROUP
AREA COMMISSION ZONING CHAIR
OR CONTACT PERSON AND ADDRESS

(5) HISTORIC PRESERVATION OFFICE
JAMES A. GOODMAN
50 W. GAY ST. COLUMBUS, OH 43215

and that the following is a list of the names and complete mailing addresses, including zip codes, as shown on the County Auditor's Current Tax List or the County Treasurer's Mailing List, of all the owners of record of property within 125 feet of the exterior boundaries of the property for which the application was filed, and all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the property owner owns the property contiguous to the subject property:

(6) PROPERTY OWNER NAME
(SEE SEPARATE PAGE)

(6a) PROPERTY ADDRESS
(SEE SEPARATE PAGE)

(6b) PROPERTY OWNER MAILING ADDRESS
(SEE SEPARATE PAGE)

☐ (7) Check here if listing additional property owners on a separate page.

(8) SIGNATURE OF AFFIANT

Dan R. Blaker

Sworn to before me and signed in my presence this 10 day of June, in the year 2015

(8) SIGNATURE OF NOTARY PUBLIC

March 23, 2015
My Commission Expires



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City of Columbus
Real Estate Management
90 W Broad St Rm 425
Columbus, OH 43215

Solar Investment Inc
381 W 3rd Ave
Columbus, OH 43201

Jason Jones & Katie Steffy
1147 Hunter Av
Columbus, OH 43201

Apollo Third 100 LLC
Attn: Nikki
100 W 3rd Ave
Columbus OH 43201

Board of Education of the
Columbus School District
ATTN: Real Estate Coordinator
270 E State St
Columbus, OH 43201

Tom Stamatis
123 Aston Row Ln
Columbus OH 43201

C&W Investment Co
1020 Dennison Ave Ste 102
Columbus, OH 43201

Ryan & Whitney Renner
121 Aston Row Ln
Columbus OH 43201

KLMC Properties LLC
Lykens Companies
1020 Dennison Ave Ste 102
Columbus OH 43201

Mark & Lisa Ridenour
117 Aston Row Ln
Columbus OH 43201

Aston Place LLC
29 W 3rd Ave
Columbus OH 43201

Adam Messer
174 W Fourth Ave
Columbus OH 43201

Central Ohio Diabetes Association Inc
110 Dennison Ave
Columbus OH 43201

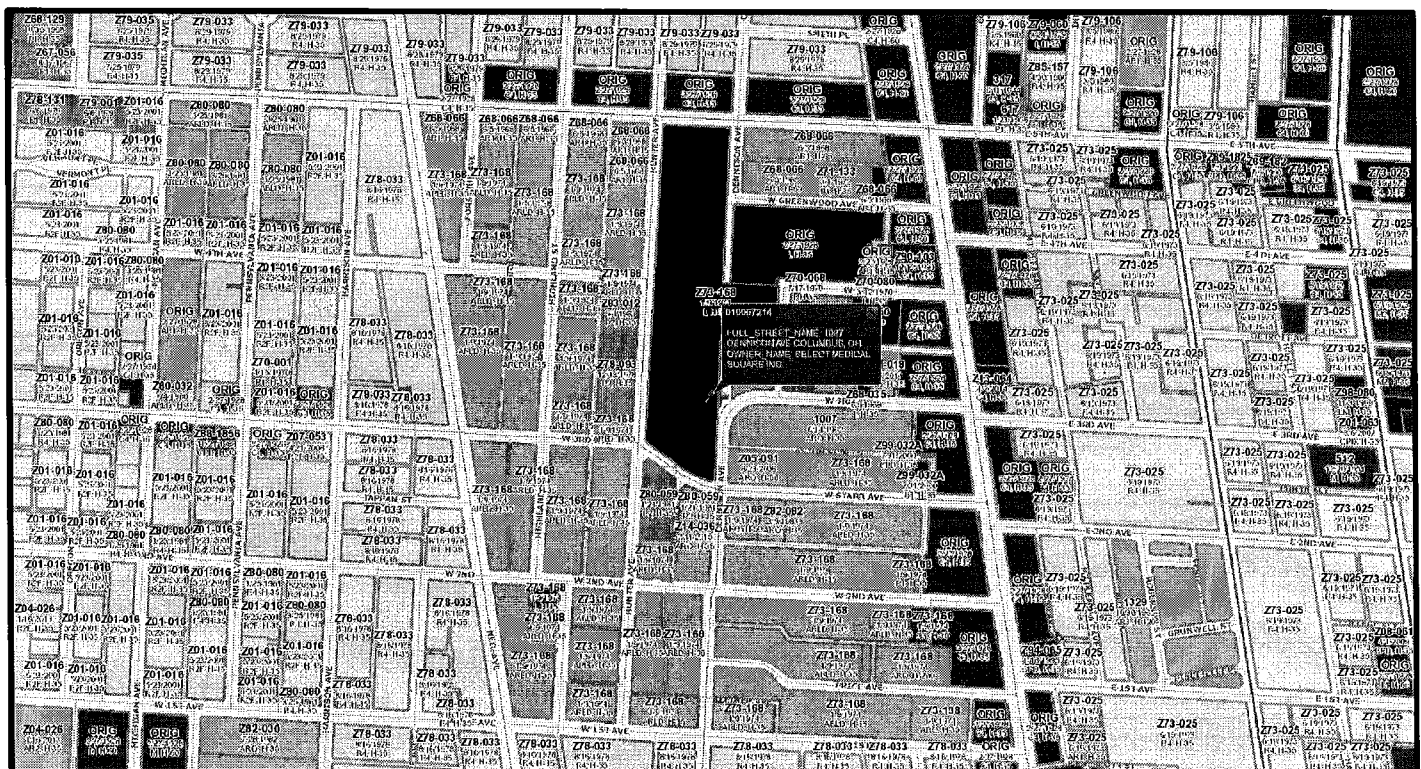
Kevin & Ashley Tuisku
1151 Hunter Ave
Columbus, OH 43201

Gary Hall
1601 W 5th Ave Ste 204
Columbus Oh 43212

Logan Smyth
1050 Hunter Avenue
Columbus, OH 43201

Suzanne Godsey
170 W 4th Ave
Columbus OH 43201

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STATEMENT OF HARDSHIP

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APPLICATION #

3307.09 Variances by Board.

- A. The Board of Zoning Adjustment shall have the power, upon application, to grant variances from the provisions and requirements of this Zoning Code (except for those under the jurisdiction of the Graphics Commission and except for use variances under the jurisdiction of the Council). No variance shall be granted unless the Board finds that all of the following facts and conditions exist:
1. Special circumstances or conditions apply to the subject property that do not apply, generally, to other properties in the same zoning district.
 2. The special circumstances or conditions are not the result of the actions of the property owner or applicant.
 3. The special circumstances or conditions make it necessary that a variance be granted to preserve a substantial property right of the applicant which is possessed by owners of other property in the same zoning district.
 4. The grant of a variance will not be injurious to neighboring properties and will not be contrary to the public interest or the intent and purpose of this Zoning Code.
- B. In granting a variance, the Board may impose such requirements and conditions regarding the location, character, and other features of the proposed uses or structures as the Board deems necessary to carry out the intent and purpose of this Zoning Code and to otherwise safeguard public safety and welfare.
- C. Nothing in this section shall be construed as authorizing the Board to affect changes in the Zoning Map or to add to the uses permitted in any district.

I have read Section 3307.09, Variances by Board, and believe my application for relief from the requirements of the Zoning Code satisfies the four criteria for a variance in the following ways:

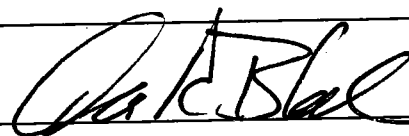
1. THE FACILITY IS LAND LOCKED AND NO ADDITIONAL SPACE IS AVAILABLE FOR THE ADDITION OF MORE PARKING. CURRENT PARKING LOTS HAVE VACANT SPACES THROUGHOUT THE DAY.

2. THE FACILITY IS NOT EXPANDING THE BUILDING FOOTPRINT, ONLY REARRANGING THE USE/FUNCTION OF EXISTING BUILDING FLOOR SPACE ADDING 30 ADDITIONAL PATIENT BEDS ON THE FOURTH FLOOR.

3. WITHOUT THE VARIANCE THE FACILITY WILL BE SHORT 72 ~~72~~ SPACES. 450 ~~450~~ SPACES ARE REQUIRED, THE FACILITY CURRENTLY HAS ~~378~~ ³⁷⁸ SPACES. THERE IS ALSO A PUBLIC BUS STOP ON SITE.

* (SEE ATTACHED FOR FURTHER INFORMATION) *

Signature of Applicant



Date

6/10/15

Select Medical
4714 Gettysburg Road
Mechanicsburg PA 17055



June 16, 2015
Columbus Board of Zoning
757 Carolyn Avenue
Columbus, Ohio 43224

RE: Select Medical Victorian Village 4th Floor North Wing Rehab Unit Renovation (Permit #CHAN1509994): Statement of Hardship for Board of Zoning Adjustment Application

Columbus Board of Zoning:

Please consider this Statement of Hardship as an extension of the Board of Zoning Adjustment Application submitted by Select Specialty Hospital for the request for a variance in the number of required parking spaces at the facility at 1087 Dennison Avenue.

We, Select Specialty Hospital, are hereby respectfully requesting a parking variance to allow the facility to convert a portion of existing building space to a rehabilitation unit consisting of 30 patient beds without increasing the number of parking spaces that are currently available for use by the facility and its patients.

It is our understanding that section CC3312.49 of the Columbus Zoning Code requires 2.5 spaces per bed for hospitals. Including the parking spaces the facility is currently using west of the facility (across Hunter Ave from the facility) and not including street parking, there are currently ~~378~~ ~~381~~ parking spaces available for use by the facility and its patients. The facility currently consists of 106 Long Term Acute Care beds and 44 Rehabilitation beds. After the renovation project is completed, the facility will have 106 Long Term Acute Care beds and 74 Rehab beds (total of 180 beds). Our understanding is that the current Columbus Zoning Code would require a total of 450 parking spaces available for use by the facility and its patients. We are hereby requesting a parking variance be granted that allows the facility to operate with ~~69~~ less parking spaces than the requirement currently set forth by the Columbus Zoning Code. ~~72~~

There are multiple reasons we believe support the requesting of this variance. The reasons are as follows:

- 1) There is no more space around the facility for additional parking
- 2) There is public means of transportation onsite (public bus stop supported by COTA is near the front entrance of the facility)
- 3) Our facility is located only one street over from N. High Street, which is a heavily traveled public transportation route

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- 4) More than 60 facility employees currently use public transportation as their means to get to and from the facility on a daily basis.
- 5) There are multiple on-street spaces available for parking abutting & adjacent to the facility
- 6) Our facility is designated as a long-term care facility, which delivers a different type of patient care than a short-term care facility. The volume of visitors for a long-term care facility is on average significantly less than that of a short-term care facility
- 7) Current National Facility Guidelines Institute (FCI) Guidelines (2014) require 1 parking space for every 4 Rehabilitation Unit beds and .75 parking spaces per every 1 Nursing Home bed (nursing homes are very similar to long-term acute care facilities). By these guidelines we would only need a total of 99 spaces (we currently have 381 spaces)
- 8) We are not adding onto the existing facility or expanding the facility's footprint; rather we are converting existing space within the facility
- 9) At one point in time, the facility consisted of semi-private rooms (more than one bed to a single room) and has now converted to private rooms (one bed per room). At one point the facility had approximately 270 beds and it will now only have 180 beds (after the renovation project is complete)
- 10) The Ohio Health Urgent Care clinic that was once located in this facility left the facility in late 2014, leaving more parking spaces available
- 11) Currently, the facility only uses less than 75% of the available parking spaces and has not yet filled the available spaces to capacity

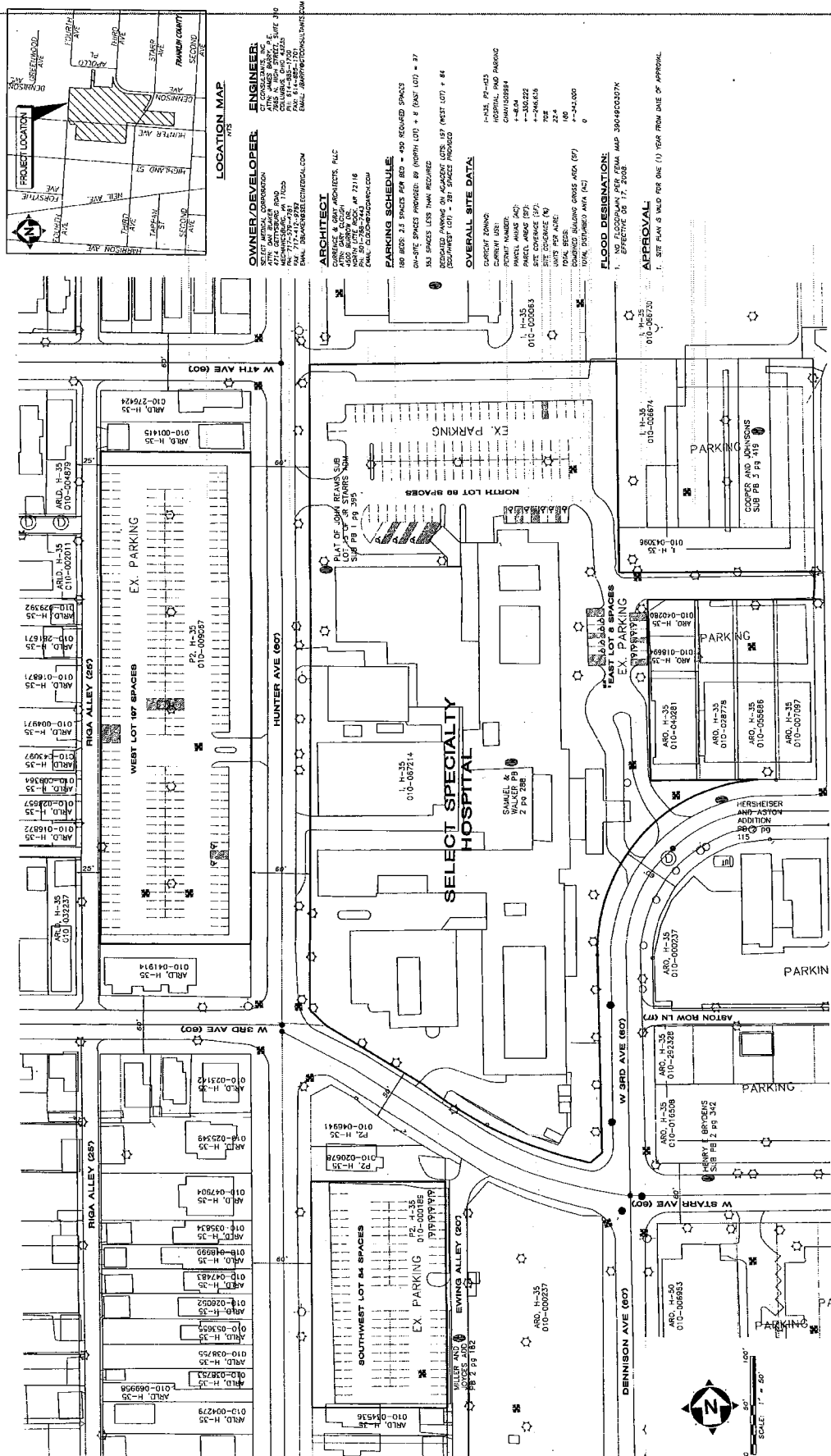
We appreciate your office considering our request for this variance. We also appreciate your willingness to contribute to the level of high quality patient care that Select Specialty Hospital, along with OhioHealth Rehabilitation, is striving to provide for the community.

Thank you,



Dan R. Blaker
Vice President, Design & Construction
Select Medical Corporation
717-579-4781

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[illegible]

LEGEND:

- ELECTRICAL SYSTEM
- WATER SYSTEM
- MISC SYSTEM
- OTHER SYSTEM

HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND CORRECT AND THAT THE BUILDING AND SITE PLANS COMPLY WITH THE LIMITATION OF THE CITY STANDARDS.

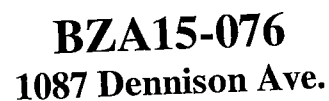
WANDA M. BARRY, P.E.
REGISTERED PROFESSIONAL ENGINEER NO. 22596

DATE: 6/22/15

CHIEF PLANS OFFICIAL
BUILDING AND ZONING SERVICES
DEPARTMENT

DATE:

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PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

APPLICATION #

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STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) DAN R. BLAKER, SELECT MEDICAL PROPERTY VENTURES LLC
of (COMPLETE ADDRESS) 4714 GETTYSBURG RD MECHANICSBURG, PA 17055
deposes and states that (he/she) is the APPLICANT, AGENT, OR DULY AUTHORIZED ATTORNEY FOR SAME and the following
is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of
this application and their mailing addresses:

NAME

COMPLETE MAILING ADDRESS

Select Property Ventures LLC

4714 Gettysburg Road Mechanicsburg PA
17055

- THE SOLE MEMBER OF SELECT PROPERTY VENTURES LLC

IS SELECT MEDICAL CORPORATION.

SIGNATURE OF AFFIANT

Dan R. Blaker

Sworn to before me and signed in my presence this 10 day of June, in the year 2015

Notary Seal Here

[Signature]
SIGNATURE OF NOTARY PUBLIC

March 23, 2019
My Commission Expires



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